Proposal to Strengthen Community Engagement in the COVID-19 Response through Civil Society Collective Sri Lanka

Background

A key strategic objective to control the transmission of COVID-19 and attain a low steady state is to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing. Communities must be empowered to ensure that services and aid are planned and adapted based on their feedback and local contexts. Critical functions, such as community education, protecting vulnerable groups, supporting health workers, case finding, contact tracing, and cooperation with physical distancing measures can only happen with the support of every part of affected communities.[1]

Sri Lanka is experiencing a rise in the number of cases and is currently in a stage where there are clusters of cases. The government, as it has been with many other countries, had to take drastic measures public health and social measures. High risk districts have been on curfew since March 20, 2020 until now. The government and the private sector are in the midst of devising programs and systems to minimize its impact on civilian life and to allow economic activities. The populations at risk due to the loss of income, lack of access to services, and vulnerability to rapid spread of the virus are top priority. The desperation of the most at risk could lead to life-threatening situations should they contract the virus given their vulnerability.

The "Civil Society Collective on COVID-19 Response" led by Sarvodaya and a consortium of island wide Non-Governmental Organizations, has taken the responsibility to overseeing of the most vulnerable institutionalized population of the nation. The Community Based Organizations in the rural areas have served the rural population at risk, but the sheer size and the community dynamics of the low-income urban setting has also become one of the challenges to address in preventing the transmission of COVID-19.

There is a real threat that opening up public spaces and transport systems could result to spreading the virus, of not managed well with effective risk communication and community engagement. Preliminary studies in Sri Lanka has shown that more than 80% of the cases are asymptomatic and mild; thus, some show no symptoms, but can spread the virus. It is important to observe the guidance on public health and social measures on the "new normal" and promote behavior change among the population.

Based on the grass root network of Sarvodaya, the following gaps are identified in the current national response and can be a scope for the engagement of community-based organizations:

- Uncoordinated engagement of CBOs in the national response
- Many appeals are coming to CBOs and CSOs from communities, government administrators and health staff/institutions.
- Risk communication is "one-way" and not reaching some communities (urban, estate and others) and not targeted to urgent needs in the transition in the exit strategy (ie. Livelihood/Workplace specific public health guidelines)
- Social stigma and discrimination (and even criminalization) of COVID-19 positive individuals and patients, and their families and even their communities and workplaces.
- Capacity of health service providers to deliver essential services under the current context and effective engagement of communities in the response

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[1]World Health Organization. 2020. COVID-19 Strategy Update: draft 13 April 2020. Geneva: World Health Organization Headquarters.

- Gender issues, discrimination and challenges faced by vulnerable populations, particularly women – including their participation in decision making processes (e.g. garment factory workers)

As part of the UN Humanitarian Country Team – Health Cluster response led by WHO and Co-Chaired by Sarvodaya and MOH, this proposal is submitted for funding consideration of Department of Foreign Affairs and Trade, Australia.

Objective:
To strengthen community engagement in COVID-19 Response in selected high risks districts – namely, Colombo, Gampaha, Puttalam, Kalutara , Ratnapura and Kandy through collective civil society action.

Project Locations:
Project locations for the proposed interventions, are districts which were severely affected by the COVID-19 epidemic in terms of number of positive cases reported and which have also had severe socio-economic impact. Western province has the highest population density in the country and also reported the highest number of COVID-19 cases. It also has a very large migrant working population and the largest number of care homes in the country. The residents of care home (children, elders, the differently abled etc.) are recognized as highly vulnerable to COVID-19 infection. Providing the required information and facilities will support to prevent possible community transmission and protect the vulnerable populations.
Similarly, districts where there is high degree of mobility and interactions with the Western province will also be targeted in preventive health activities.

Main interventions/activities

1. Mobilizing and engaging community leaders/volunteers and community-based organizations (CBOs) in the prevention and control of COVID-19 and in addressing its health and social impact by following the public health regulations and following trainings will be conducted
    - Identifying active CBOs/CSOs in selected MOH divisions in each district.
    - Provide Webinar training for selected CBO members in the proposed areas
    - Provide in-person trainings for the selected CBO members and the community leaders by following the regulations in the selected MOH areas of the district.
    - Provide in-person trainings for the selected Youth and women leaders.
    - Provide in-person trainings for the selected preschool teachers in the identified MOH areas.

2. Engaging, sensitizing and capacitating communities, including vulnerable community groups on COVID-19 preventive measures and supporting to equip vulnerable community settings with adopting practical protective measures.
    - Conduct a risk assessment in care homes and pre-schools
    - Establish customized preventive measures and hand washing facilities in the identified institutions.
    - Training of care givers in institutions on COVID-19 prevention
    - Disseminating existing guidelines/Preparing new guidelines as required for specific settings.
    - Display of tailor made educational and risk communication messages in public places targeting specific target groups.

3. Strengthening the leadership and meaningful participation of women and girls in all decision-making in addressing the COVID-19 outbreak.
    - Conduct a survey on difficulties faced by women due the COVID-19 including those working in industrial zones.
    - Connect with organizations and networks to address the issues identified.
    - Conduct trainings for selected women/women leaders/women led organizations to enhance their capacity.
    - Establish hand washing facilities in the selected hostels of FTZ workers with the adequate messages

4. Mobilizing religious/faith leaders in COVID-19 prevention and control activities.
    - Preparation/dissemination of faith-based risk communication material
    - Conduct webinars targeting religious leaders in districts
    - Provide in-person trainings religious/faith leaders in the identified MOH areas.
    - Providing risk assessment in places of worship and assisting in establishing preventive measures (hand washing facilities, ground marking for physical distance)

5. Develop and disseminate COVID-19 risk communication materials in Sinhala, Tamil and English targeting specific social groups and settings, and involving youth organizations.
    - The messaging will be mainly on addressing stigma and discrimination.
    - Will identify and engage youth organizations, youth led social media groups.

    This component will complement the risk communication activities of UNICEF that was supported by DFAT and aligned with the strategic priorities of Health Promotion Bureau, MOH. Resources that have been jointly developed by WHO, UNICEF and HPB for mass-media campaigns on prevention measures, stigma, and the "new normal" will be adapted and translated for the target population.

6. Actively support the consultative development of Risk Communication and Community Engagement Strategy (RCCE) with the MOH and key stakeholders.

Implementation Methodology
Implementation of the interventions will be undertaken through the Civil Society Collective for COVID-19 Response, in partnership with the World Health Organization Country Office Sri Lanka for technical guidance on risk communications and already available information materials on COVID-19.

The Chair of the Civil Society Collective is also the Co-Chair of the UN HCT Health Cluster. He will regularly update the partners on the progress of CSO activities and will represent the perspective of CSOs in meetings called by the MOH and the Presidential Task Force, when invited.

Sarvodaya through its network known as Civil Society Collective will assign a leading CSO in the network to plan and implement the activities in each district involving active CSOs and CBOs in each MOH division.

Project Duration: 01 June-31 December 2020

Monitoring and Evaluation (refer to Annex for the indicators)

A Project Steering Committee will be appointed to oversee the implementation and monitoring of the project. An evaluation and monitoring framework will be developed based on the intended outcomes of the project.

The project will be documented to provide lessons learned and best practices on community engagement and will feed into possible scale-up in other areas, subject to funding availability.

Visibility

Sarvodaya and WHO will provide visibility for the project through stories, technical write ups, sharing key events, and through social media. These products will convey the work of the project and raise awareness amongst key stakeholders, including health workers, community members/the public, and leadership. Ensuring visibility of the partners, the DFAT and the UN RCO on all materials including printed posters etc.

Budget Estimate

Priority Area	Total (LKR)	Total (AUD)	Total (USD)
Mobilizing and capacity building of CSOs/CBOs	3,500,000	28,852	18,858
Capacity building and equipping vulnerable community settings	4,500,000	37,096	24,246
Strengthening participation of women and providing protective measures	3,500,000	28,852	18,858
Mobilizing religious leaders and capacity building	2,500,000	20,609	13,470
Custom-made risk communication material to address stigma and discrimination	1,500,000	12,365	8,082
Development of Community Engagement Strategy and Project Documentation	2,000,000	16,487	10,776
TOTAL direct costs	**17,500,000**	**144,262**	**94,289**
PSC (7%)	1,225,000	10,098	6,600
Total	**18,725,000**	**154,360**	**100,889**

ANNEX A- MONITORING AND EVALUATION

	Main expected results	Indicators	Sources of data
Impact (Overall Objective)	*To strengthen community engagement in COVID-19 response in selected high risk districts – namely, Colombo, Gampaha, Puttalam, Kalutara , Ratnapura and Kandy through collective civil society action*	Trend of confirmed cases in high risk districts	MoH Epidemiology Unit data
Outcome(s) (Specific Objectives)	1. Mobilizing and engaging community leaders and community based organizations (CBOs) in the prevention and control of COVID-19 and in addressing its health and social impact.	1. Number of community leaders and CBOs actively engaged in COVID-19 educational and other interventions.	Reports from Community Leaders
	2. Engaging, sensitizing and capacitating communities, including vulnerable community groups on COVID-19 preventive measures and supporting to equip vulnerable community settings with adopting practical protective measures.	2. Number of community institutions, groups practicing preventive measures	Reports and meeting minutes of CBOs
	3. Strengthening the leadership and meaningful participation of women and girls in all decision-making in addressing the COVID-19 outbreak.	3. Number of women's organizations and groups actively engaging in COVID-19 preventive and control measures	Reports of participating implementing CSOs
	4. Mobilizing religious/faith leaders in COVID-19 prevention and control activities.	4. Number of religious/faith leaders mobilized in COVID-19 preventive and control measures	Report on initiatives implemented by religious/faith leaders

	5. To develop and disseminate COVID-19 risk communication materials in Sinhala, Tamil and English targeting specific social groups.	5.Number of COVID-19 risk communication materials disseminated	Report on the number of materials distributed by various stakeholders
	6. Actively support the consultative development of Risk Communication and Community Engagement Strategy with the MOH and key stakeholders	6. RCCE Strategy developed	Availability of the RCCE Strategy

Assumptions:

- COVID-19 risk has been minimized and social gathering restrictions have been minimized
- Curfew restrictions may disrupt activities
- Religious leaders and community leaders are willing to participate in training sessions and are willing to collaborate
- CBOs are willing to collaborate and work together
- State and non-state actors are willing to collectively work together
- Beneficiaries have shown interest and given consent to receive handwashing facilities
- Target groups have shown interest to receive COVID-19 risk education
- ICT can be widely used for meetings, training and sensitization programs, webinars, knowledge dissemination and data gathering.

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Emergency Funding Budget

Emergency PROJECT BUDGET*

Total Resources for the transfer (US$)	**100,898.86**
% of Indirect Costs	**7.00**
Total Indirect Costs	**6,600.86**
Total Direct Costs	**94,298.00**

PROJECT BUDGET			
	CATEGORY	**Total Amount (US$)**	**WHO**
1	Staff and other personnel costs	**0.00**	0.00
2	Supplies, Commodities, Materials	**0.00**	0.00
3	Equipment, Vehicles and Furniture including Depreciation	**31,000.00**	31,000.00
4	Contractual Services	**0.00**	0.00
5	Travel	**2,000.00**	2,000.00
6	Transfers and Grants to Counterparts	**0.00**	0.00
7	General Operating and Other Direct Costs	**61,298.00**	61,298.00
	Total Programme Costs	**94,298.00**	**94,298.00**
8	Indirect Support Costs**	**6,600.86**	6,600.86
	TOTAL Pass-Through Amount Approved	**100,898.86**	**100,898.86**

* This is based on the UNDG Harmonized Financial Reporting to Donors for Joint Programmes approved in 2012.
** Indirect support cost should be in line with the rate or range specified in the Joint Programme Document and MOU and SAA for the particular JP. Indirect costs of the Participating Organizations should not exceed 7% of Total Programme Costs
All other costs incurred by each Participating UN Organization in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs, in accordance with the UN General Assembly resolution 62/209 (2008 Triennial Comprehensive Policy Review

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